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Substitute for Form PTO-875							10/709,041			08/2004	To be Mailed	
	Al	PPLICATION	AS FILE	D – PART I					HER THAN			
(Column 1) (Column 2)						_	SMALL	ENTITY 🗌	OR	SMA	ALL ENTITY	
L	FOR	٨	UMBER FI	LED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)	1	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A]	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
(37	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x \$ =		
	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =				x \$ =		1	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawings excesseets of paper, the application size is \$250 (\$125 for small entity) for eac additional 50 sheets or fraction there 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.									
Ш	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL		
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							L ENTITY_	OR	OTHER THAN SMALL ENTITY		
AMENDMENT	10/29/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(1))	• 17	Minus	 20	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	* 3	Minus	***3	= 0		x \$ =		OR	X \$210=	0	
Ĭ	Application Size Fee (37 CFR 1.16(s))											
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
Ļ		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
딦	Total (37 CFR 1,18(i))	*	Minus	**	=		x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=		x \$ =		OR	x s =		
딢	Application Size Fee (37 CFR 1.16(s))								1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
TOTAL TOTAL ADD1. FEE FEE												
** If	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "The "Highest Number Previously Paid For" for IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" for Id or Independently is the highest number found in the appropriate box in column 1. This collection (information is recipited by 37 CFF 1.5 The Information is required by the part of the paid in the properties of the paid in the paid											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or relatin a benefit by the public which is to file (and by the USPTO) reprocess) an application. Confidentiating is governed by 35 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to take 122 missing the foliation of the completed application from the USPTO. Time this collection is estimated to take 122 calculating pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for meticing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-4450. DX 150, Alexandria, VA 22313-4450.

ADDRESS. SEMD TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-4450.